

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 0 - 0 3

2. STATE:

Texas

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

February 1, 2000

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT: See Attachment

a. FFY 2000 \$ 994,939

b. FFY 2001 \$ 1,491,662

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

See Attachment

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

See Attachment

10. SUBJECT OF AMENDMENT: Amendment No. 568 - This amendment clarifies definitions of case management services and changes the reimbursement methodology rate for each child receiving a case management contact during that month

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

Sent to the Governor's Office this date.
Comments, if any, will be forwarded upon receipt.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Linda K. Wertz

13. TYPED NAME:

Linda K. Wertz

14. TITLE:

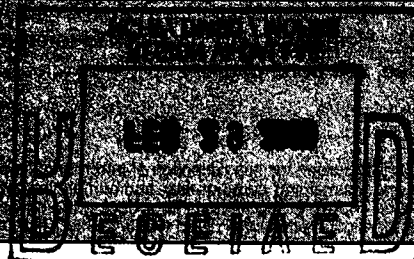
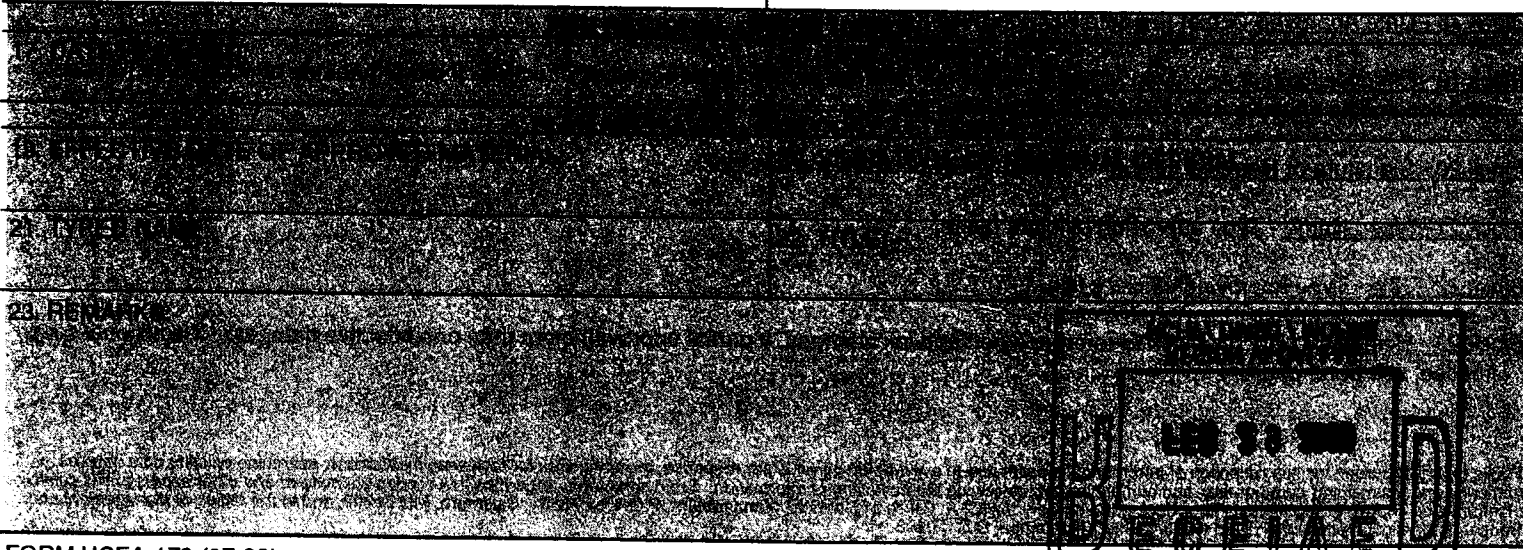
State Medicaid Director

15. DATE SUBMITTED:

February 23, 2000

16. RETURN TO:

Linda K. Wertz
State Medicaid Director
Health and Human Services Commission
Post Office Box 13247
Austin, Texas 78711



Attachment to HCFA-179 for
Transmittal No. 00-03, Amendment No. 568

Number of the
Plan Section or Attachment

Supplement 1 to Attachment 3.1-A
Pages 1.F.1 thru 1.F.4

Attachment 4.19-B
Page 32

Number of the Superseded
Plan Section or Attachment

Supplement 1 to Attachment 3.1-A
Pages 1.F.1 thru 1.F.4 (TN92-33)

Attachment 4.19-B
Page 32 (TN92-33)

State of Texas

Supplement 1 to Attachment 3.1-A
Page 1F.1

Case Management Services
Infants and Toddlers with Developmental Delays

Target Population

The target population consists of infants and toddlers from birth to three years of age with developmental delays who are Medicaid-enrolled. These children must meet the criteria for developmental disabilities set forth in the Developmental Disabilities Act of 1984 (public Law 98-527) and amended by the Developmental Disabilities Assistance and Bill of Rights Act of 1990 (public Law 101-496), and have been referred to a qualified Texas Early Childhood Intervention program. The target population does not include children receiving case management services through any other targeted case management programs for children.

D. Definition of Services

Case management services are provided to assist eligible individuals in gaining access to needed medical, social, educational, developmental and other appropriate services. Case management services are defined as those that directly benefit eligible children. The case management service is provided to assist targeted Medicaid clients in gaining access to these other services, and not to deliver the services. Case management services may be delivered either face-to-face or by telephone, for the purpose of enabling the client to obtain services as specified above.

Case management services include:

Intake and Needs Assessment: The intake process begins with telephone or face-to-face contacts with the Medicaid client's family. The case manager provides information concerning case management and early intervention to the client's family and assists the child and family in gaining access to the evaluation and assessment process, including providing notice and obtaining consent. The needs assessment is then conducted and documented by the case manager in conjunction with the Medicaid client's family. The documentation lists medical, social, nutritional, educational, developmental, and other appropriate needs of the Medicaid client. Pre-Plan of Care service coordination is provided as needed.

STATE <u>Texas</u>		A
DATE REC'D	<u>02-29-00</u>	
DATE APP'VD	<u>10-26-00</u>	
DATE EFF	<u>02-01-00</u>	
HCFA 179	<u>0003</u>	

SUPERSEDES: TN - B-33

Case Management Services
Infants and Toddlers with Developmental Delays

Plan of Care: Information gathered from the comprehensive needs assessment is incorporated into an individualized family services plan of care (IFSP). With family consent, family concerns, priorities and resources are identified and documented in the plan. The plan summarizes assessment results, includes the services necessary to enhance the development of the child and the capacity of the family to meet the child's unique needs, and must be coordinated with other service providers involved in delivery of early intervention services.

Service Coordination and Monitoring: Through linkage, coordination, facilitation, assistance, and anticipatory guidance, the case manager ensures the recipient's access to the care, resources and services to meet the client's needs. The case manager may assist the family in making applications for services, confirm service delivery dates with ECI staff, providers and supports, and assist the family with scheduling needs. The case manager assists the family in taking responsibility for ensuring that services are delivered, and works with medical providers, ECI staff, and other community resources to coordinate care and to monitor and follow up on the implementation, effectiveness and appropriateness of the child's plan of care and services. Monitoring and follow up will be conducted as needed. The case manager documents each monitoring and follow up activity (face-to-face or telephone) in the client's case folder.

Reassessment and Transition Planning: A reassessment of the client's progress and needs is conducted at least every six months. The case manager documents the reassessment in the client's case folder. At reassessment the case manager will determine if modifications to the service plan are necessary and if the level of involvement by the case manager should be adjusted. When services are no longer needed, or the child no longer qualifies for services, the case manager facilitates the planning, coordination, advocacy and transition to other appropriate care.

Service Limitations

Case management services are not reimbursable as Medicaid services when another payor is liable for payment or if case management services are associated with the proper and efficient administration of the state plan. Case management services associated with the following are not payable as optional targeted case management services under Medicaid:

SUPERSEDES: TN •

9232

STATE	Texas	A
DATE REC'D	12-29-10	
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DATE EFF	02-01-11	
HCFA 179	10-13	

Case Management Services
Infants and Toddlers with Developmental Delays

1. Medicaid eligibility determinations and re-determinations;
 2. Medicaid eligibility intake processing;
 3. Medicaid pre-admission screening;
 4. Prior authorization for Medicaid services;
 5. Required Medicaid utilization review;
 6. Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program administration;
 7. Medicaid "lock-in" provided for under the Social Security Act, section 1915(a);
 8. Services that are an integral or inseparable part of another Medicaid service;
 9. Outreach activities that are designed to locate individuals who are potential Medicaid eligibles; and
 10. Any medical evaluation, examination, or treatment billable as a distinct Medicaid-covered benefit. However, referral arrangements and staff consultation for such services are reimbursable as case management services.
5. Qualification of Providers

The Texas Early Childhood Intervention Program has implemented policies and procedures to ensure that case management services are:

1. available on a statewide basis for procedures to ensure continuity of services without duplication;
2. provided by case managers who meet the educational and work experience requirements commensurate with their job responsibilities as specified by the Texas Early Childhood Intervention Staff Qualification Policies and who have also completed, or are in the process of completing, the Texas Early Childhood Intervention case management curriculum;

SUPERSEDES: TN -

92-33

STATE	TX	A
DATE REC'D	12-29-10	
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Case Management Services
Infants and Toddlers with Developmental Delays

3. delivered through a system with written policies and procedures that ensures an individual case manager is responsible for the overall coordination of services for the Medicaid eligible participant;
4. made available to all eligible children;
5. in compliance with Texas Early Childhood Intervention Fiscal Policies for annual financial and compliance audits.

Case Management Provider Conditions for Participation:

Each Case Management Provider must meet the following criteria established by the Texas Early Childhood Intervention Program to become a provider of case management services to infants and toddlers with developmental delays;

1. Must meet applicable State and Federal laws governing the participation of providers in the Medicaid program;
2. Must sign a provider agreement with the single state agency; and
3. Must meet the case management provider criteria and be approved by the Texas Early Childhood Intervention Program, the State program for infants and toddlers with developmental delays.

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DATE REC'D <u>12-29-00</u>	
DATE APPV'D <u>12-26-00</u>	
DATE EFF <u>12-21-00</u>	
HCFA 179 <u>10-03</u>	

SUPERSEDES: TN - 92-23

39. Case Management Services for Infants and Toddlers with Developmental Delays

1. ECI staff develops proposed reimbursement rates and recommends them to the Texas Health and Human Services Commission. The recommended rate is determined in the following manner:

(a) Each provider's total reported costs from the most recent desk reviewed TAFI reports are compared with their total reported costs on ECI financial reports. The TAFI report is the Time and Financial Information that is reported by the ECI providers on their Medicaid Administrative Claims. It contains expenses, revenues, case management contact units, and time study information.

(b) Providers whose variance between reported costs on the TAFI report and the ECI financial reports exceeds plus or minus two standard deviations of the mean provider variance are eliminated. The costs of providers that are considered outliers are eliminated from the rate calculation to eliminate questionable data that could affect the mean cost.

(c) Total allowable case management costs for each provider are determined from the allowable historical costs reported on the TAFI report. The TAFI computer program allocates costs based on the percentage of time staff spend on case management activities.

(d) Each provider's total allowable case management cost is projected from the historical cost reporting period to the prospective rate period using the Personal Consumption Expenditures (PCE) Chain-Type Index.

(e) Each provider's total allowable case management cost is divided by their associated number of unduplicated case management contacts for the period, thus determining the provider's cost per contact. Unduplicated case management contacts are defined as case management contacts which are delivered to eligible children, and which are counted only once for each child during a specific month.

(f) The mean provider cost per contact is calculated, and the statistical outliers (those providers whose cost per contact exceeds plus or minus two standard deviations of the mean provider cost per contact) are eliminated. After removal of the statistical outliers, the mean cost per contact is calculated.

(g) The mean cost per contact is the proposed reimbursement rate. The reimbursement rate is paid on a monthly basis for each child who receives at least one reimbursable contact for that child.

(h) The rate is recalculated at least every two years.

2. The Commission establishes the reimbursement rate in an open meeting after consideration of financial and statistical information and public testimony. The Commission sets rates that, in its opinion, are within budgetary constraints, adequate to reimburse the cost of operations for an efficient and economic provider, and justifiable given current economic conditions.

SUPERSEDES: TN - 9238

STATE	<u>Texas</u>
DATE REC'D	<u>12-29-00</u>
DATE APP'D	<u>12-26-00</u>
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HCFA 179	<u>0-03</u>

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